State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) Please print or type. (Form designed for use on elite (12-pitch typewriter). See Instructions on Back of Page 6 Department of Health Services
Toxic Substances Control Division
Secremento, California UNIFORM HAZARDOUS and Front of Page 7 1. Generator's US EPA ID No. WASTE MANIFEST Manifest 2. Page 1 CIAID19181116141912111 3. Generator's Name and Mailing Address Information in the shaded areas 3 0 0 0 0 3 0 of 1 is not required by Federal law. QUEALITY FABRICATORS A State Manifest Document 8 8 1 8 21045 Osborne, Canoga Park, CA 4. Generator's Phone (818 91302 B. State Generator's D 709-8505 -800-852-7550 5. Transporter 1 Company Name BETTERBILT CHEMICALS, INC. 6. US EPA ID Number C. State Transporter's ID 905083 1C A D 9 8 1 6 8 6 2 4 9 7. Transporter 2 Company Name D. Transporter's Phone 213) 949 -0668 US EPA ID Number E. State Transporter's ID 9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES F. Transporter's Phone 10 US EPA ID Number G. State Facility's ID 12504 E. Whittier Blvd. CADIOH ZIZI415TODI Whittier, CA 90602 H. Facility's Phone 213) 698-0991 C, A, D, O, 4, 2, 2, 4, 5, 0, 0, 1 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 13. Total 14. Unit Quantity Weste No. ထ_{န္} WASTE, FLAMMABLE LIQUID H.O.S. UN1993 GENERATOR State 214 EPA/Othe 1-800-424-8802; D001 State EPA/Other State CENTER EPA/Other RESPONSE J. Additional Descriptions for Materials Listed Above EPA/Other g Codes for Wastes Listed Above WASTE WASH THINNER b. 0 NATIONAL d 15. Special Handling Instructions and Additional Information 王 USE GLOVES & GOGGLES CALL 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and SPILL If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste. OR EMERGENCY Printed/Typed Name Day Year Transporter 1 Acknowledgement of Receipt of Materials 101410121819 A Printed/Typed Name P RICHARD SENTENO 18. Transporter 2 Acknowledgement of Receipt of Materials CASE Printed/Typed Name Signature Z Month Day 19. Discrepancy Indication Space 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by the Printed/Typed Name manifest except as noted in Item 19. Signature DHS 8022 A (1/88) EPA 8700—22 (Rev. 9-88) Previous editions are obsolets. Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sociamento, CA 95812